UNITED STATES DISTRICT COURT

		DISTRICT OF 1	DELAWARE	
	Sanvel	Reshol		
quierra L	Plaintiff Williams V. Peforty Pictor Defendant	Michael Newman	APPLICATION T WITHOUT PREP FEES AND A	PAYMENT OF
I, <u> </u>	Samuel B.	ishop	CASE NUMBER: declare that I am the (che	,
• •	Petitioner/Plaintiff/Mova	ent • Other		scaund
28 US sough	SC §1915, I declare that I it in the complaint/petition/i	am unable to pay the costs motion.	st to proceed without prepayr of these proceedings and tha ns under penalty of perjury:	I am entitled to the Fellow MAY > 3 ZOU8
1.	Are you currently incarce	erated? Yes	No (If "No" go to Que	DISTRICT OF CELAWARE
	Inmate Identification N Are you employed at the	institution? <u>MO</u> Do you i	Towore Correction Obs Off receive any payment from the carceration showing at least to	institution?
2.	Are you currently employ	yed? • Yes	No	
		YES" state the amount of your empl	our take-home salary or wages oyer.	s and pay period a
			ast employment, the amount of and address of your last emp	
3.	In the past 12 twelve mon	aths have you received any r	noney from any of the follow	ing sources?
-	b. Rent payments, inc. Pensions, annuitie		• • Yes • • Yes	No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240	Reverse	(Rev.	10/03
DELAW	ARE (Re	v. 4/	05)

4. Do you have any cash or checking or savings accounts?

· Yes No

If "Yes" state the total amount \$

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

· · Yes No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

I declare under penalty of perjury that the above information is true and correct.

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER SUPPORT SERVICES OFFICE <u>MEMORANDUM</u>

		g 1 2
TO:	Iman Malik	SBI#: <u>CU8049</u>
FROM:	Stacy Shane, Support Services Secr	etary
RE: DATE:	6 Months Account Statement May 5, 308	MAY 23 2008
		US DETELORGOUPT DISTRICT OF DELOWARE
Attached (are copies of your inmate account state 1.10011,2(N) to Q)	ement for the months of .
The follow	ving indicates the average daily baland	ces.

<u>MONTH</u>	AVERAGE DAILY BALANCE
<u>Nai</u>	
DIC	<i>&</i>
aan	K
<u>ken</u>	2694
March	3418
apel	24.14
' Average daily balan	ces/6 months:

Attachments

Jeante L. Abuxl

				Individual Statement	Staten	nent				
Date Printed: 5/5/2008	38	ш	rom Nove	From November 2007 to December 2007	07 to D	ecemp	er 2007	Pa	Page 1 of 1	
SBI Last Name 00068049 Malik	Vame	First Name	lame MI	Suffix			Beginning Month Balance:	\$0.00		
Current Location: 19	6		Comments:				Ending Month Balance:	\$0.00		
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans#	MO# / CK#	Pay To	Source Name	
Supplies-MailPosta	11/9/2007	\$0.00	\$0.00	(\$3.02)	\$0.00	512069		INDIGENT 10/30/07		
Supplies-MailPosta	12/11/2007	\$0.00	\$0.00	(\$3.02)	\$0.00	526440		INDIGENT 12/5/07		
			Ending Month	onth Balance:	\$0.00					
Total ₽	Imount Curr	Total Amount Currently on Medical Hold: \$0.00	sal Hold: \$0.00							
Tota	I Amount Co	Total Amount Currently on Legal Hold: \$0.00	yal Hold: \$0.00							
Total Amo	ount Current	Total Amount Currently on Restitution Hold: \$0.00	on Hold: \$0.00							
Tota	I Amount Co	Total Amount Currently on Other Hold: \$0.00	1er Hold: \$0.00							

Part	ividual Statement	8006	ć	2
First Name MI Suffix Deposit or Withdrawal Amount \$0.00 Medical Hold Amount \$0.00 Mon-Medical Base \$0.00 Book \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2.86 \$0.00 \$0.00 \$0.00 \$2.35 \$0.00 \$0.00 \$0.00 \$3.02 \$0.00 \$0.00 \$0.00 \$3.02 \$0.00 \$0.00 \$0.00 \$3.02 \$0.00 \$0.00 \$0.00 \$3.02 \$0.00 \$0.00 \$0.00 \$3.02 \$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$5.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.50 \$0.00 \$0.00 \$0.00 \$0.50 \$0.00 \$0.00 \$0.00 \$0.50 \$0.00 \$0.00 \$0.0	y zovo to Aprili	2000	Pe	Page 1 of 2
Comments: Deposit or Withdrawal Amount \$50.00 Non-Medical Benedical Hold \$50.00 Non-Medical Benedical Benedical \$50.00 Benedical Hold \$50.00 Benedical Benedical Benedical \$50.00 Benedical Hold \$50.00 Benedical Hold \$50.00 Benedical Benedical Benedical Benedical \$50.00 Benedical Hold \$50.00 Benedical Benedical Benedical \$50.00 Benedical Benedical Benedical Benedical Benedical \$50.00 Benedical Ben		Beginning Month Balance:	\$0.00	
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\$0.00 \$100.00 \$100.00 \$100.00 \$100.00 \$2.00	l Balance Trans#	MO# / CK#	Рау То	Source Name
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				Individual Statement	Staten	nent				
Date Printed: 5/5/2008	800		From	From January 2008 to April 2008	.008 to	April 2	800		Page 2 of 2	
SBI Last I 00068049 Malik	Last Name Malik	First Name		MI Suffix			Beginning Month Balance:	\$0.00		
Current Location: 19	19		Comments:				Ending Month Balance:	\$8.66		
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance Trans#	Trans #	MO# / Ck#	Pay To	Source Name] '
			Ending A	Ending Month Balance:	\$8.66					
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To	tal Amount	Total Amount Currently on Other Hold: \$0.00	ner Hold: \$0.00							